

ENTERTAINMENT / SUPPLIES AND MATERIALS / OTHER REIMBURSEMENTS

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| UNIVERSITY OF CALIFORNIA IRVINE SCHOOL OF SOCIAL SCIENCES, IRVINE, CA 92697-5100 | | NON EMPLOYEE | |
| | | PAYEE NAME: _____ | |
| | | SOC SEC , ITIN OR EMPLOYER ID#: _____ | |
| | | MAILING ADDRESS: _____ | |
| UCI EMPLOYEE | | CITY, STATE: _____ | |
| PAYEE NAME: _____ | | ZIP CODE: _____ | EMAIL: _____ |
| DEPARTMENT AFFILIATION: _____ | | US CITIZEN / PERM RESIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE COPY OF I-94, VISA PAGE & COMPLETED ACADEMIC CERTIFICATION AND 8233 IRS TREATY TAX EXEMPT FORM. | |
| PHONE: _____ EMAIL: _____ | | | |
| EXPENSE TYPE: | INSTRUCTIONS / POLICY | AMOUNT | |
| SUPPLIES & MATERIALS | ORIGINAL RECEIPT, \$500.00 LIMIT, DETAILED DESCRIPTION OF EXPENSE AND RESEARCH / ADMINISTRATIVE PURPOSE: IF MORE THAN ONE RECEIPT, ITEMIZE EXPENSES IN THE AMOUNT COLUMN OR ATTACH AN ITEMIZED LIST. | _____ | |
| | | _____ | |
| | | _____ | |
| | | _____ | |
| MEMBERSHIPS / SUBSCRIPTIONS | PALCARD PREFERRED METHOD OF PAYMENT. COPY OF MEMBERSHIP FORM, ORIGINAL RECEIPT. | _____ | |
| REGISTRATION (ONLY IF NO TRAVEL WILL BE INVOLVED) | COPY OF REGISTRATION FORM, ORIGINAL RECEIPT | _____ | |
| HUMAN SUBJECTS: <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT <input type="checkbox"/> CLEAR ADVANCE | CURRENT IRB APPROVAL LETTER, DESCRIPTION OF RESEARCH, NUMBER OF SUBJECTS, SEE POLICY FOR FORMS AND COMPLETE INSTRUCTIONS: http://www.policies.uci.edu/adm/procs/700/701-03.html | _____ | |
| HONORARIUM | COPY OF INVITATION LETTER, PURPOSE OF VISIT (ATTACH FLYER IF AVAILABLE). | _____ | |
| OTHER / MISC | ORIGINAL RECEIPT, DESCRIPTION OF PAYMENT | _____ | |
| ENTERTAINMENT | ENTERTAINMENT PER PERSON MEAL LIMITS: OVERAGES / EXCEPTIONS NOT PERMITTED ON 199XX • ALL EXCEPTIONS REQUIRE JUSTIFICATION MEMO • ATTACH LIST OF ATTENDEES. \$17 REFSHMTS; \$26 BREAKFAST; \$38 LUNCH ; \$64 DINNER. TOTAL AMOUNT: _____ / NUMBER OF ATTENDEES = _____ _____ COST PER PERSON EVENT DATE _____ MEETING TYPE/ BUSINESS PURPOSE: _____ | _____ | |
| | | _____ | |
| | | _____ | |
| | | _____ | |
| COMMENTS / SPECIAL INSTRUCTIONS/DESCRIPTION: | | _____ | |
| | | _____ | |
| | | _____ | |
| | | TOTAL: _____ | |
| | | REIMBURSE PAYEE: _____ | |
| | | PAY UCI CORPORATE VISA: _____ | |
| EXPENSE CERTIFICATION: | | | |
| <i>I CERTIFY THAT THIS IS A TRUE STATEMENT OF ENTERTAINMENT OR RESEARCH RELATED EXPENSES INCURRED FOR OFFICAL UNIVERSITY BUSINESS IN ACCORDANCE WITH UNIVERISTY POLICY. I UNDERSTAND THAT THIS SHOULD HAVE BEEN PAID BY PAL CARD OR PURCHASE ORDER.</i> | | | |
| SIGNATURE: _____ | | DATE: _____ | |
| FUNDING | | | |
| ACCOUNT / FUND / PROJECT CODE: _____ | | APPROVAL: _____ | |
| ACCOUNT / FUND / PROJECT CODE: _____ | | APPROVAL: _____ | |
| *ALL RECEIPTS MUST BE SECURELY TAPED ONTO AN 8 1/2 X 11 SHEET OF PAPER | | | |